

**Regional EMS Council Process Action Team Meeting**  
**Hilton Garden Inn**  
**Richmond, VA**  
**October 7, 2008**  
**9:00 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Other Attendees:</b>
<b>Gary P. Critzer</b> , EMS Council Board President, PAT Chair	<b>Tim Perkins</b> , OEMS Staff to PAT	Scott Winston	Bill Downs, TJEMS
<b>Dr. Rob Logan</b> , EMS Council Executive Director		Wanda Street	Jeff Meyer, PEMS
<b>Tina Skinner</b> , EMS Council Executive Director		Michael D. Berg	Connie Purvis, BREMS
<b>Dr. Scott Weir</b> , Operational Medical Director		Dennis Molnar	David Cullen, CSEMS
<b>Dr. Theresa Guins</b> , Physician Member of EMS Advisory Board		Paul Sharpe	Byron Andrews, NVEMSC
<b>Donna Burns</b> , EMS Council Board President		Amanda Davis	Robin Davis, NVEMSC
<b>Dreama Chandler</b> , VAVRS President		Beth Singer	Melinda Duncan, NVEMSC
<b>Randy Abernathy</b> , VAGEMSA President			Gregory Woods, SVEMS
<b>Chris Eudailey</b> , Virginia Fire Chief's Assoc. Representative			Wayne Peer, CSEMSC
<b>Scott Hudson</b> , Rural Based EMS Service Representative			Susan Ward, VHHA
<b>Bruce Edwards</b> , EMS Advisory Board Member			Ray Whatley, NVEMSC/Alexandria Fire Dept.
<b>Jason Campbell</b> , Virginia Professional Fire Fighter/VML Representative			Tom Ezell, PEMS
<b>Dr. Jack Potter</b> , Designated Trauma Center Representative			Jennie Collins, NVEMSC/GAB
<b>Gary R. Brown</b> , OEMS Director			Rick McClure, ODEMSA
<b>Kim Allan</b> , Virginia Department of Health (ex-officio member)			Heidi Hooker, ODEMSA
<b>Jerry Overton</b> , Urban Based EMS Service Representative			Jim Chandler, TEMS
			Wes Shifflett, LFEMS/Page Co. Fire & EMS
			Julie Glover, PEMS
			Cheryl Lawson, PEMS/GAB

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Call to Order:</b>	The meeting was called to order by the chair, Mr. Gary Critzer, at 9:05 a.m.	
<b>Review &amp; Approval of the minutes dated August 20, 2008:</b>	A motion was made and seconded to approve the minutes.	<b>The minutes were approved as submitted.</b>
<b>Follow up reports from the Regional Councils spokespersons regarding continued meetings between the regions as assigned at the August 20<sup>th</sup> PAT meeting:</b>	<p>Tina Skinner reported for the former Federation which consisted of the Central Shenandoah, Rappahannock, Thomas Jefferson and Lord Fairfax EMS Councils by presenting a PowerPoint presentation using the SWOT method to show the strengths, weaknesses, opportunities and threats of collaboration. With a collaboration continuum, there would be increased cooperation and interdependence as well as integration among the Councils. The Directors of the Councils met on September 9 and 15, 2008 to prepare for the SWOT analysis. On September 23 the Board of Representatives of the Councils met to complete the SWOT and discuss plans for increased collaboration. The final meeting was held on September 29 by the Directors of the Federation Councils to finalize and compile results from the September 23<sup>rd</sup> meeting.</p> <p>Some of the driving values from performing the SWOT analysis are:</p> <ul style="list-style-type: none"> <li>• Drawbacks of Consolidation</li> <li>• Benefits of Collaboration</li> <li>• Standardized Planning</li> <li>• Sharing of “Best Practices”</li> <li>• Funding</li> <li>• Geographically well positioned, in terms of catchment areas and patient flow</li> </ul> <p>The councils feel that they have gained a lot by meeting with each other during the past months and plan to continue meeting collectively.</p> <p>Bruce commented on the threat of limited representation on the advisory board. Currently under the <u>Code of Virginia</u>, each region has a representative and that doesn’t necessarily have to change.</p> <p>Jason asked about funding and why that is an issue. Tina said that if all the regions combined, some of the funding sources may be discontinued. Bill Downs added that if they become part of a larger region, some of the training and educational funds will be diluted.</p> <p>Many administrative issues were discussed such as a Managed Service Organization (MSO), the inefficiency of the paycheck system of the federation, being independent agencies, and the time it will take to collaborate into interdependent agencies.</p> <p>Scott Weir asked about the recruitment &amp; retention benefit base on standardized credentialing processes. Would the credentialing in one location be transportable to another agency in another region? Per Tina they are currently working on ways to make this possible. Dr. Potter stated that eligibility certifies the provider to practice in different locations.</p>	

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	<p>Dr. Weir suggested changing the term “best practices” to “successful solutions”.</p> <p>Gary Brown stated that in reference to the EMS Systems Act of 1973, in developing regional systems, the reason the federation was formed the way it was, was to take advantage of the federal revenue streams. Therefore, individual councils came together to form larger regions for the purpose of obtaining more federal funding. The feds rewarded regionalized systems. They also recognized the implementation of the systems at the local level. Gary agrees with slide three that poor administration was a factor in the dissolution of the former Federation. The system itself was not a failure, but the poor administration by OEMS for not stepping in and doing something, failure of the Board of Directors of the Federation for not doing anything and failure on the part of leadership to not correct the poor administration and the issues and problems that occurred. The categorical funding ended under the Reagan administration and was rolled into the block grants, the OEMS inherited that system. It was then left up to the states to apply for grant funding. There was no longer direct funding to Councils. OEMS inherited the eight regions in 1980. In FY02 OEMS had independent contracts with the Councils that make up the federation in the amount of \$191,000 for that region. The next closest region received \$168,000. In FY04, the federation funding was \$572,569 and the next closest region received \$341,000. In FY06, the federation funding was \$818,675 and the next closest region received \$610,000.</p> <p>Rob Logan suggested not comparing the MSO to the former Federation because the system has progressed past the communication and funding issues. It serves no purpose to bring up those past funding issues.</p> <p>Tina Skinner also presented a Powerpoint presentation analyzing the Northern Virginia and the Rappahannock Regional Councils as proposed as Region F on Map B. The executive directors and staff met on July 2 and September 30, 2008 to discuss proposed integration of service areas versus collaboration. The presentation compared demographics &amp; services of each region such as the land use description, square mileage, population density, number of localities, agency descriptions, number of providers, number of calls per year and number of permitted vehicles. Also compared were the number of hospitals and trauma centers in each region. The SWOT analysis was used to analyze a merger model as well as increased collaboration. Both regions feel that they are very different demographically, but are open to increased collaboration.</p> <p>Dr. Potter questioned the weakness listed as program accountability. Tina responded that as a larger region, the programs that we are expected to do, the accountability would become a weakness. Melinda stated that another layer of authority or approval would be added.</p> <p>Gary Brown sees the weakness of differences in programs and services as an opportunity, not a weakness.</p> <p>Jim Chandler updated everyone on the PEMS and TEMS regions with a report showing program areas, who will participate, the timeline and the current status. The five objectives or goals of collaboration between the two regions would be to:</p> <ol style="list-style-type: none"> <li>1. Provide seamless high quality patient care throughout both regions.</li> <li>2. Provide improved and efficient EMS education.</li> </ol>	

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	<ol style="list-style-type: none"> <li>3. Establish and maintain a coordinated and unified mass casualty system &amp; plan.</li> <li>4. Facilitate and promote the sharing of best practices and development of standardized plans and policies.</li> <li>5. Identify and support opportunities for improved EMS provider recruitment &amp; retention.</li> </ol>	
<b>Report from OEMS regarding regional state offices:</b>	<p>At the last PAT meeting, it was suggested that an analysis be prepared by the Office of EMS of regional councils as state offices. Scott Winston reported that this is not by any means being considered by the Office of EMS. It is not a proposal or secret plan of the Office of EMS. This is just an assignment which was created by Tim, Gary, Scott and Dennis.</p> <p>The plan listed the advantages and disadvantages of the current regional EMS council structure and the potential advantages and disadvantages of state regional EMS office structure.</p> <p>Another two page document answered how the core services/tasks will be accomplished in the state regional office system. Such core services/tasks include: medical direction, technical assistance, Rescue Squad Assistance Fund (RSAF), Critical Incident Stress Management (CISM), Regional EMS Awards, etc.</p> <p>Finally, a cost estimate was given of a typical state regional office. The Department of Fire Programs was instrumental in providing an estimate of one of their offices. Each state regional council site would have an annual cost of approximately \$306,975. Seven sites would approximately be \$2,148,828 per year. Under the current structure, the actual expenditures are approximately \$4,853,245 including grants.</p> <p>There was much discussion about training, program costs, and other items, but Dennis reminded everyone that this is not a business plan and the Office of EMS has no plans to implement the councils as state offices.</p>	
<b>Review of the November 20/21 facilitated work session in Waynesboro:</b>	<p>During the past five or six meetings, the committee has gathered a lot of information. The committee has received lots of reports from the regions and OEMS, lots of comments, lots of data, etc. On November 20 and 21, a facilitated meeting will be held with Ms. Tyler St. Clair of UVA. Gary Critzer, Gary Brown and Scott Winston and maybe a few others, will be meeting with her prior to the meeting to brief her on everything. The November 20 meeting will begin at 9:00 a.m. at the Best Western Inn &amp; Suites Conference Center, 109 Apple Tree Lane, Waynesboro, VA. Per Gary Critzer, this work session will be a final review of all the information the PAT committee has received from the councils so that we can decide where the regional council system should be now and in the future and how to get there. The information gathering sessions are over. The final decisions will be presented to Dr. Remley and to the Advisory Board.</p>	<b>The next meeting is November 20 &amp; 21 at the Best Western Inn &amp; Suites Conference Center in Waynesboro.</b>
<b>Open Discussion:</b>	None.	
<b>Public Comment Period:</b>	None.	
<b>Adjournment</b>	The meeting was adjourned at 2:00	